

PATENT

Attorney Docket #: PAT 302-2

Declaration And Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title of Invention

MODE MULTIPLEXING OPTICAL COUPLING DEVICE

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign/PCT Application(s)

Country/Office	Application No.	Date of Filing	Priority Claimed
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Provisional Application Number	Date of Filing
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I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available

disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

**Prior U.S. Applications or PCT International Applications
Designating the U.S. for Benefit under 35 U.S.C. §120**

Status (check one)

Application Serial No.	Date of Filing	Patented	Pending	Abandoned
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POWER OF ATTORNEY

I hereby appoint the practitioners at Customer No. 26123, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Customer No. 26123. 26123
PATENT TRADEMARK OFFICE

Address all telephone calls to Anne Kinsman (613) 237-5160 (telefax: 613-787-3558).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1. Full name of sole or first inventor

MASOUD

VAKILI

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

(FAMILY OR LAST NAME)

Inventor's signature:

M. Vakili

Date:

Nov. / 30 / 2001

Country of Citizenship: Iran

Residence:

Toronto

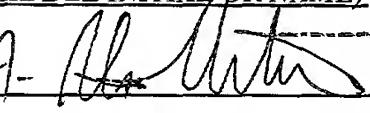
Ontario, Canada

(City)

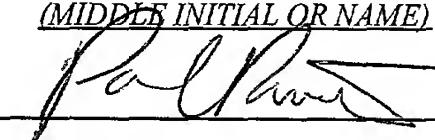
(State or Foreign Country)

Post Office Address: 905-1901 Yonge Street, Toronto, Ontario, M4S 1Y6, Canada

2. Full name of second inventor

<u>ASHKAN</u>	<u>ALAVI-HARATI</u>	
<u>(GIVEN NAME)</u>	<u>(FAMILY OR LAST NAME)</u>	
Inventor's signature:		
Date:	<u>Nov. 30, 2001</u>	
Country of Citizenship:	Iran	
Residence:	Scarborough	Ontario, Canada
	<i>(City)</i>	<i>(State or Foreign Country)</i>
Post Office Address:	<u>614-3050 Pharmacy Avenue, Scarborough, Ontario, M1W 2N7</u>	

3. Full name of third inventor

<u>PAUL</u>	<u>RIVETT</u>	
<u>(GIVEN NAME)</u>	<u>(FAMILY OR LAST NAME)</u>	
Inventor's signature:		
Date:	<u>Nov 30 / 2001</u>	
Country of Citizenship:	Canada	
Residence:	Scarborough	Ontario, Canada
	<i>(City)</i>	<i>(State or Foreign Country)</i>
Post Office Address:	<u>42 Kimbolton Court, Scarborough, Ontario, M1C 3G2, Canada</u>	

4. Full name of fourth inventor

JINING YUAN
(GIVEN NAME) *(MIDDLE INITIAL OR NAME)* *(FAMILY OR LAST NAME)*

Inventor's signature: Jining Yuan

Date: 30. NOV. 2001

Country of Citizenship: China

Residence: North York Ontario, Canada
(City) *(State or Foreign Country)*

Post Office Address: 72 Pynford Crescent, North York, Ontario, M3A 1W8, Canada